



Prevailing Wage Complaint Form

PRINT IN INK or TYPE your responses.

COMPLAINANT INFORMATION

NAME			HOME TELEPHONE
ADDRESS			WORK TELEPHONE
CITY	STATE	ZIP CODE	CELL TELEPHONE
E-MAIL ADDRESS			OTHER TELEPHONE

PROJECT INFORMATION

PROJECT NAME	PROJECT NUMBER	PRIME CONTRACTOR
ADDRESS	COUNTY	ADDRESS
CITY	STATE	ZIP CODE
TELEPHONE		
TYPE OF CONSTRUCTION:		IS THE PROJECT COMPLETE?
<input type="checkbox"/> Road <input type="checkbox"/> Bridge <input type="checkbox"/> Building <input type="checkbox"/> Trail <input type="checkbox"/> Airport <input type="checkbox"/> Other _____		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

EMPLOYER INFORMATION

NAME	Are you still employed by this employer?	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
ADDRESS	TELEPHONE	If NO, last date worked:
CITY	STATE	ZIP CODE
Was your termination?		
<input type="checkbox"/> Voluntary <input type="checkbox"/> Involuntary		

WAGE AND HOUR INFORMATION

Nature of complaint (more than one may apply):		Work performed:	
<input type="checkbox"/> Wage Rate <input type="checkbox"/> Overtime <input type="checkbox"/> Fringes <input type="checkbox"/> Classification			
Dates worked on this project:		Total hours worked on this project:	
From:	To:	Regular:	Overtime:
		<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Other _____	
Regular hourly rate of pay:		Overtime hourly rate of pay:	
Project work	Non-project work	Project work	Non-project work
		Did you work on a shift schedule? <input type="checkbox"/> Yes <input type="checkbox"/> No If, Yes, which shift? <input type="checkbox"/> Day <input type="checkbox"/> Night	
Were you paid overtime at 1 1/2 times your hourly rate of pay after:		Were you an apprentice?	
8 hrs/day? <input type="checkbox"/> Yes <input type="checkbox"/> No 40 hrs/wk? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
How were you paid?		Which trade?	
<input type="checkbox"/> Check <input type="checkbox"/> Check and Cash <input type="checkbox"/> Cash <input type="checkbox"/> Other _____		Hours worked recorded by: <input type="checkbox"/> Recorded by foreman <input type="checkbox"/> Time card/sheet <input type="checkbox"/> Called into office <input type="checkbox"/> Other _____	
Did you receive fringe benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, select:		Did you receive cash payment for fringes? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Health Insurance <input type="checkbox"/> Training <input type="checkbox"/> Vacation <input type="checkbox"/> Life Insurance <input type="checkbox"/> Sick Leave <input type="checkbox"/> Holidays <input type="checkbox"/> Pension <input type="checkbox"/> Other _____		If yes, how much? _____	
Has money been advanced to you by your employer?		Did you receive travel and living expenses?	
<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, how much? _____		<input type="checkbox"/> Yes <input type="checkbox"/> No How much? _____ <input type="checkbox"/> hour / <input type="checkbox"/> day	

EMPLOYEE ON PROJECT			If same as Complainant, check here <input type="checkbox"/>
NAME		HOME TELEPHONE	
ADDRESS		WORK TELEPHONE	
CITY	STATE	ZIP CODE	CELL TELEPHONE
E-MAIL ADDRESS			OTHER TELEPHONE
Work Classification:		Did you perform work in other classifications? <input type="checkbox"/> Yes <input type="checkbox"/> No	How many hours?

What rate were you paid?		Number of affected employees on project:
Regular	Overtime	

List work tasks and tools used	
Tasks	Tools Used

Nature of Complaint:	
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Did you operate equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, what type? _____	Did you use hand tools? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what type? _____
Did you seed, sod or plant trees and bushes? <input type="checkbox"/> Yes <input type="checkbox"/> No	Did you work more than 8 feet underground? <input type="checkbox"/> Yes <input type="checkbox"/> No

Additional Comments: _____

Does Minnesota Department of Labor and Industry have permission to use your name to resolve this wage issue? <input type="checkbox"/> Yes <input type="checkbox"/> No	
To the best of my knowledge, the information that I have provided is true and accurate.	
COMPLAINANT SIGNATURE	DATE

Return to:

Minnesota Department of Labor and Industry
Labor Standards
443 Lafayette Road N
St. Paul, MN 55155